



Archived at the Flinders Academic Commons:

<http://dspace.flinders.edu.au/dspace/>

A paper by Professor Adam Graycar, Social Welfare  
Research Centre, University of New South Wales:

"Informal, voluntary and statutory services: the  
complex relationship"

at the 7th International Symposium of the  
International Federation of Social Workers in  
Brighton, England on 26th August 1982

Copyright © University of New South Wales.

This speech is made available under the Creative  
Commons Attribution Non-Commercial, No  
Derivatives (CC-BY-NC-ND) 4.0 license  
<http://creativecommons.org/licenses/by-nc-nd/4.0/>

22  
Adam Graycar

Brighton UK  
26/8/1982

INFORMAL, VOLUNTARY AND STATUTORY  
SERVICES : THE COMPLEX RELATIONSHIP

Adam Graycar

Social Welfare Research Centre  
University of New South Wales  
Kensington, NSW 2033

---

A version of this paper was delivered as the closing plenary address to the 7th International Symposium of the International Federation of Social Workers in Brighton England on August 26 1982.

## SUMMARY

The argument of this paper is that equitable social care can eventuate only with the acceptance of a greater role for public sector services. In debates about the development of social care, politicians in industrial societies who stress the virtues of family care are either unaware of the costs to families of providing that care, or are cynically expecting a major shift in social provision and social resources, with the result that those least able to provide adequately will find greater burdens thrust upon them. Responses to the exclusions experienced by people in the 1980s will require greater state intervention because families may have the willingness, but not the capacity to provide the high level care required by dependent relatives and because the voluntary sector is too diffuse and diverse to plan and develop and deliver the bulk of the services.

The social consequences of technological change and recent advances in medical science and techniques have together contributed to changes in the age structure of our populations, and to unprecedented dependency patterns. Those of us working in social welfare are faced with structural issues arising from technological change, reconceptualization of gender roles, patterns of social exclusion, and changing demographic and population dynamics. The issues lie both within and outside the conceptual boundaries of the social welfare disciplines. While we have little difficulty in conceptualizing and analyzing therapeutic methods, administrative systems, service methodologies and income support systems, our disciplines have not been able to keep up with and devise appropriate strategies for the massive changes that hover on or just outside the boundaries of regular social work activities.

Social policy responses to these changes are slow and this paper argues that the need for social care is bound to expand as a consequence of changing socio-technical and population dynamics as

well as the limited and slow social policy response.

If there is a commitment to structured interventions into market activities to ensure a beneficial redistribution of material resources and of life chances, interventionist activities must be geared to three things: (a) the creation of a political, social and economic environment conducive to redistribution and which provides substantial investment in human capital and public goods and services; (b) an equitable income support system; (c) a set of personal social services. None of these alone can ensure social satisfaction for all. None is a substitute for another - they are complementary, and may serve, at different times, different needs.

These interventions naturally, are costly and it is commonly argued that welfare expenditures are excessive and are expanding too quickly. Solutions are nominated in areas of cost cutting, "return to the family", privatization, and voluntarism. It is doubtful that any of these alone or together can provide the desired solutions. It is unlikely that the family can play an expanding caring function - after all, formal services came into being because informal structures (namely the family) were not able to cope with care issues. Even increasing privatization and/or increasing voluntarism have their limitations. Equitable social care is most feasible when a well resourced public sector offers leadership and service support. For the formal sector to operate effectively, the role of professional and support personnel must be examined carefully with attention being paid to what professionals can do, what they should do, and how they might do it.

SOCIALLY STRUCTURED CARE

Debates about the present and future operations of the Welfare State revolve around arguments about the degree of state intervention and the public/private split. In the personal social services the division is threefold - or more appropriately two and a half fold. On the one hand some services are provided informally, by families and informal networks. On the other hand some are provided formally, by organized bureaucratic structures. Of those provided bureaucratically there is a split - nothing neat, but rather a jagged tear - between those provided under statutory auspices, and those provided under voluntary auspices. The division then, is formal or informal - and if formal, statutory or non-statutory.

The Welfare State debate is taking place against:

- a) a backdrop of widespread but carefully engineered and fuelled criticism of Welfare State expenditure, the legitimacy of the expenditure, and the worthiness of the recipients of that expenditure;
- b) expressions that privatization is an appropriate social service strategy and that transferring service delivery to private hands either on a user pays or contract basis is the way of the future;
- c) expressions that volunteerism must be enhanced and encouraged so that, "undesirable" superprofessionalization (and its associated costs), and bureaucratization can be reduced and replaced with a more spontaneous altruism; and

- d) development of a new thrust in "family policy" to counteract any suggestion that the state may be replacing the family as the main agent of care. In the new family policy, the caring function is generally moved from the formal to the informal.

Social policy depends for its development on an amalgam of values, techniques, and structures - values about why interventions and allocations take place; techniques that make the allocations effective and efficient, that is both doing the right things, and doing things right; and structural issues about the appropriateness of determining points of intervention in systems that require political differentiation (e.g. central vs local) and ideological differentiation (e.g. public vs private). In other words, we must take note of ideologies, planning and managerial skills and political processes, for to ignore any one of these will render our service systems ineffectual (see Graycar, 1979).

Personal social services may be integrationist and inclusionist, such as those for special groups e.g. day care for young children, services for elderly and isolated people; they may be directed to meeting psychological needs by way of counselling to deal with the anxieties, ambiguities and distresses of modern life; or they may deal with advocacy, to broaden access and alter or moderate the rigidities of provision systems so that they might be more responsive to individual needs. (Morris, 1978: 118).

Despite rapid growth in formal social services since the development of the Welfare State, there seems to be no reduction in the demand for and use of volunteers in these formal services.

The expenditure booms have neither solved our social services problems nor provided sufficient personnel to regard this as feasibly attainable. The personal social services are poised delicately on the brink of an uncertain future, though, two points must be noted. First, personal social services can never be seen as a substitute for cash, or for social investment. Second, to quote Ralph Kramer - voluntarism is no substitute for services that can best be delivered by government, particularly if coverage, equity and entitlement are valued. (Kramer, 1982: 2). Of course, volunteers and professionals have different things to offer, and service systems which recognize and plan for this are obviously more successful than those which blur this distinction between these two vital personnel categories.

In the development of services it must also be noted that the needs which the personal social services aim to meet are found throughout society and are not exclusively the preserve of any one class, although the distribution of need does vary from one class to another, and that despite the new rhetoric in family policy, it is obvious that the family cannot play all of the roles which are found in the personal social services. Changes in demographic patterns, marriage rates, life expectancy, fertility, as well as labour force participation rates for women mean that the traditional caretaking role expected of women cannot be taken for granted, as the pool of potential caretakers is diminishing. There is no evidence, however, to show that the state is replacing the family as the primary agent of care, and, if anything, official policies and service cutbacks are placing more of the care functions onto families. Both the family, and the formal system have different supports to offer, and

can meet different types of needs.

As Kahn has written (1973: 16), "social services do not merely replace or seek to correct the family or earlier social forms. They are also new responses to new social roles". It can therefore be hypothesised that for the equitable delivery of social services the family cannot be seen as the major provider, but must have available to it, supplementary and substitutive services.

Mainstream debates at present are not about how to work out a developmental philosophy on social care, but rather they seem more concerned with arguments about how to cut costs than with arguments about the structure and nature of services and their social ramifications. Cost cutting arguments, as they relate to formal services and the relationship between statutory, voluntary and informal patterns of care, are about three related issues - arguments about privatization, arguments about voluntarism, and arguments about family policy.

#### INFORMAL CARE

Rhetoric and reality in the field of informal tending are quite distinct. Cost-cutting politicians exhort us to return to a golden era where families provided a greater amount of care than is assumed they do today. The reality is that there are severe limits on family capacity to do so. It has been argued (Schorr 1980) that for the bulk of the elderly, there was no golden age hundreds of years ago, where family care was more forthcoming than it is today. Certainly some families have the capacity to provide care for their members - but



it can be suggested that those families in which the need for care is the greatest are those least equipped to provide it. Dependencies, as recent research has shown, are often concentrated in the poorest families (Cass 1982).

While life expectancies have increased, the associated dependencies are more likely chronic than transitional. Families in general do not spurn caring roles. In her study of home help services in the U.K., Audrey Hunt (1970: 424) found that one in five British housewives aged 35-49 had a disabled person or someone aged 65+ in the household, and for housewives aged 50-64, it was one in four.

Changing demographic patterns demonstrate the limitations on the pool of potential caretakers. In Australia the middle aged unmarried woman, not in the labour force, who could be counted on to provide care is a disappearing species. Labour force participation rates for women have increased by 15 per cent in the past decade so that 44.4 per cent of married women aged 45-54 are in the labour force. Furthermore, there are fewer "never marrieds" in Australia than ever before. Of women aged 45-49, 22 per cent in 1901 were never married. Today the proportion is only 4.8 per cent. For every 100 elderly persons in 1901, there were 8.7 unmarried women aged 45-59. Today there are only 4.1. Of those forming families in the mid-19th century, 80 per cent had four or more children. Of those presently in their seventies, only 25 per cent have had four or more children and furthermore, about 30 per cent have no children or only one child. (Graycar, 1981: 296-7). An even greater trend in this direction is noticeable in Great Britain

where David Eversley has calculated that a typical British couple married in 1920 and still alive today has 42 living female relatives, of whom 14 are not working. In contrast, the typical couple married in 1950 are likely, when they reach 80, to have only eleven living female relatives, of whom only three will not be in paid jobs, but few of these relatives will live near enough to be able to provide care. (Cited in Hadley & Hatch, 1981: 90, and Parker, 1981: 19).

It has frequently been demonstrated that family care is care by women (e.g. see Land, 1978; Finch and Groves, 1980; Kinnear and Graycar, 1982). It can also be seen as a cheap alternative, a means by which families can provide at little or no cost to the state, services otherwise financed by the taxpayer. With the obvious diminution in the pool of potential caretakers, any suggestion of developing care policies based on the presumption that in the future women can provide care for their relatives because they will in any case be at home, financially dependent on a man, is a shaky basis upon which to plan the expansion of care (Finch & Groves, 1980: 506). There is no suggestion that women are rejecting caring roles. This is still deeply ingrained in most cultures. The issue relates to whether it is to be expected. Planning systems often fail to appreciate the overwhelmingly female nature of tending - where most professionals, assistants, volunteers, family carers, and those cared for are women. This combined with the demographic and labour force changes and the implementation of explicit family policies by way of state intervention into domestic arrangements, makes for a difficult policy situation which is criss-crossed by issues of distribution, redistribution, gender, class, administration and

ideology.

Not only are there financial costs which are unequally distributed, (in Australia it is the very poorest elderly people who live with their adult children, and given income patterns in families, it is likely that their children will also be at the lower end of the income spectrum - see Kinnear & Graycar, 1982: 11) but the personal costs of caring are very high. A recently completed Australian study of people caring for a dependent elderly relative found that care by women is so firmly entrenched in the family role structure that over 50 per cent of the carers surveyed had given up jobs in order to provide care. (Kinnear & Graycar, 1982)

Since taking on the caring role, the carers in the study:

- had less time for recreation and leisure activities (79%);
- (in paid employment) suffered a deterioration in work performance (84%);
- had less time to complete housework and allied chores (52%);
- suffered from a deterioration in the relationship with their spouse (56%);
- were less able to relax and sleep at night (60%);
- were apprehensive about their growing older (51%);

Furthermore, the carers'

- relationships with brothers and sisters deteriorated rapidly (90%);
- general emotional state declined (50%).

In short, the pattern that emerged was a marked deterioration in many important areas of the carers' lifestyle.

Significantly, there was much conflict and tension generated among immediate family members and within the extended family network. Instead of welding the family together, family care tends to cause rifts and disruptions that ultimately increase the burden of care. The study showed further, that care tended to be concentrated in one woman with minimal support from spouses, children, and extended family. (Kinnear and Graycar: 1982). Similar findings have been documented by British researchers (Bayley, 1973; Nissel and Bonnerjea, 1982; Parker 1981).

Informal helping networks are not easy to structure and this appears to result partly from the carers' reluctance to intrude upon neighbours, from neighbours not really seeing a role for themselves, and partly because carers felt guilty about asking others for help when they were actually "responsible" for care. This reluctance, whether it stemmed from fear of intrusion or guilt, also permeated carers' attitudes to the use of social services. Some carers used day care and on occasions, respite beds to provide breaks in care, and while acknowledging that they were very helpful, were beset by feelings of guilt, first at wanting a break, and second at placing their elderly relatives in the care of others.

The picture that emerges is of a caring situation which involves disruption and adjustment, often resulting in the isolation of the caring family from almost all other informal and formal networks. In turn, this isolation increases the pressures

experienced by families providing care; pressures that result in cumulative social, emotional and financial costs. It is instructive that family care entails heavy costs because embodied in the current rhetoric is the belief that community care is a less costly form of care.

If they are to maintain a situation whereby support needs are met, elderly and disabled people will have to turn more to government than to informal or voluntary sector supports. Government has a range of resources simply not found in informal support systems. To expect families to provide professional-like services in a complex world is to misunderstand modern division of labour principles. In all developed countries, as individual needs both increase and are differently defined, functions which once may have been the unique province of the family become shared between the informal and formal systems.

In no way is the suggestion being made here that family care or informal care patterns are not important, and thus do not require support. The bulk of care that is provided comes through informal channels. Different needs, however, are met by different systems. A continuum can be drawn up, moving from informal and intimate support to formal and institutional support. At the informal end are personal needs involving affectual relationships, emotional interaction, intellectual stimulation. Straddling informal and formal are needs for personal and physical maintenance, such as washing, toileting, moving about, eating, etc. A little further on is the need for housing, the need to be productive, and ultimately the need for full security in terms of specialised medical and

rehabilitative services, residential care, and/or total income support.

If the community - and the family - are to be expected to play a more active caring role in the face of public sector cutbacks, it is essential that strong supports should be made available through explicit policies. In many services there is an assumption that families will provide care, and consequently domiciliary services are often withheld if the elderly person lives with or near relatives, regardless of whether the relatives are willing or able to provide care (Hunt, 1970: 338-9; Moroney, 1976: 28). It is the elderly person who is penalized and in such a situation the family is manipulated into serving the need of the state rather than vice versa (Moroney, 1976: 28). This is difficult in cases when families may not be poor yet still desperately in need of services; but considerably more problematic in poor families, where most families of poor people are themselves poor.

Countless studies have shown strong family support for aged and disabled people (e.g. Townsend, 1963; Shanas, 1979; Moroney 1976; Bayley 1973; Howe, 1979). The general tenor of the studies is that changing patterns will require more formal services if elderly people are to be maintained with dignity in the community. Expectations that families will play a greater tending role will not easily be translated into reality for all the reasons already outlined. This has direct ramifications for the development of formal services.

### FORMAL SERVICES

The establishment of formal services is not a recent phenomenon, although the rapid growth in services has been confined to the middle years of this century. Formal services have been in existence ever since it became obvious that informal arrangements could not meet the personal needs of all people. Impetus for meeting some of these needs came, at different times, from concerned citizens - with the foundation of voluntary services - and from governments which acknowledged responsibilities toward their citizens.

There are ideological arguments about why intervention takes place at all, and about the location of the appropriate base for care. In some systems it is held that the family ought to provide social care and support, and to the extent that it is not able to do so, people in need should go without. In such cases when formal structures are reluctantly brought in to play some role, the formal, and ultimate statutory provision is likely to be residual. If it is held that the state has an obligation to its citizens to provide a basic infrastructure, and opportunities for life chances, then the relationship between formal and informal is very different. The formal sector has an innovative and preventive role to play and it complements family activities. In reality prevention and innovation rarely occurs, and although there has occasionally been some rhetoric to indicate it is desirable, what actually happens is that residual statutory services prevail. The role of professionals balances between managing and delivering residual services and something like trying to create and plan preventive services.

Most social workers operate within a bureaucratic setting. The professional has an important role to play in seeking out ways of matching needs and resources. Rather than seeing service roles as intervention after a crisis has occurred, the professional who has certain skills, knowledge and experiences, can work towards developing better inclusionary practices by continually monitoring living standards and manifest dependency situations, and incessantly feeding the results into political and bureaucratic channels so that politicians cannot be unaware of contemporary patterns of poverty, vulnerability and dependency. This of course, must not be done at the expense of providing that care which is expected of professional service providers and it is quite important to see professional social workers as important links into informal, voluntary and statutory care practices, especially as they affect those who are elderly and/or disabled.

Both statutory and non-statutory service systems are necessarily bureaucratically structured, and the professionals involved are usually either not sufficiently highly placed or, if highly placed, not sufficiently powerful to determine many of the major resource allocation decisions. Hence they are rarely in a position to resist politically alluring calls for privatization of services, or calls for increased volunteer activity, calls which constitute contemporary mainstream rhetoric.

### Privatization

There are two concepts which are described by the term "privatization" as it relates to formal services: an ideological concept which suggests that users should pay for services; and an



operational concept relating to delivery methods, which suggests that services can be better developed and delivered if non-government welfare organizations (NGWOs) are more involved.

With regard to the user-pays argument, issues of selectivity are prominent. Provision to those who are not the neediest is decried, and it is argued that resources will be able to be spread more widely if they are asked to pay for services. This is not a strong argument, for very few people presently in receipt of statutory services would be able to, or would have the inclination to purchase them in a market situation. Disability cuts across the class spectrum and selectivity is not appropriate, for although some elderly disabled people may be asset rich, many have very little income to spare, and immediate disposal of assets to pay for services is likely to compound the difficulties. Not all old people in big houses are rich, though those who are rich often purchase caring services on a commercial basis.

The current operational argument has two components. First it is held that services provided by government are likely to be excessively rigid and bureaucratic; devolution to less monolithic units is therefore desirable. Second, in the present public sector freezes it is easier for a government department to obtain funds for the purchase of services than it is to arrange for additional public sector staff. This combined situation has led to serious consideration by most governments for service contracting, or, to use the American term, purchase of service contracting (POSC). In recent years a very substantial literature on POSC has developed (e.g. Judge, 1980, 1982 a & b; Wedel, 1976; Fisk et.al. 1978). The

advantages and disadvantages of POSC for government have been summarized neatly by Kramer (1982) and Judge (1980). In short, the alleged advantages to government of contracting out are that it ends up cheaper on the public purse; that the service delivered is more flexibly delivered than would be the case with statutory delivery and thus, because agencies know their clients better than do statutory bodies, the quality and effectiveness of the service will be better; that there is scope for service innovation and specialization and that management skills are improved all around.

The alleged disadvantages of POSC are that agencies can become over-dependent, lose their autonomy, and nevertheless not be particularly accountable for their services; that proliferation of service providers will lead to service fragmentation and lessen the possibility for the formulation of coherent social policy; that contracting has all the possibilities for easy corruption by political considerations; that POSC may involve a redistribution of public funds from the poor to the middle classes (though this may not be seen by all governments as a disadvantage).

Contracting is not an easy matter. Fisk et.al. (1978) say that the success of the buyer-seller relationship depends upon the ability to design, administer and enforce contracts. This is particularly so in conditions which lack any clear theories, practices or expectations.

There are problems with data in the whole service sector. Reliable data do not exist on the extent of social service provision, on the percentage of GDP that goes in social services,

on the amounts which pass through government and non-government hands, on the numbers of people served in toto, and in each sector. Although Kramer estimates that human services represent about two-thirds of the expenditures of American state and local government (1982: 4) he does suggest that "equity suffers because of a tendency for a voluntary agency to be highly selective in its intake policy, with the result that the more difficult and/or poorer clients end up as cases in the governmental agency, while the less troublesome and/or middle-class clients are served by voluntary agencies under contract" (1982: 8). This is confirmed in Australia, and probably in most other countries where state services are the services of last resort. But, Kramer points out, that there is no evidence whatsoever, on whether it makes any difference to the recipients if the service is directly provided by government, or contracted.

There is however, an accountability dilemma. Criteria of accountability in service situations have seldom been spelt out. Is the provider accountable to the consumer, or accountable up the line to higher policy makers? Neil Gilbert points out that in regular market transactions the provider is accountable to the consumer, but in situations where POSC is in operation the accountability is to the public funding body (1981: 33). When the public funding body is trying to contract out as a cost cutting measure it is most likely that funds will not have been made available for evaluation and so no judgements can be made on the effectiveness and relevance of the service. Furthermore, there is always the danger that large, but not particularly innovative agencies can make themselves indispensable and continue to receive substantial funding

year after year, more by virtue of their being able to play the political system than by their delivering services for which they can demonstrate accountability (Graycar and Silver: 1982).

The distinction between public and private in many service situations is illusory. Public authorities fund non-government welfare organizations to provide certain services which government has neither the inclination nor perhaps the capacity to provide. The issue of why organizations are funded and the extent of that funding is the subject of ongoing research but it must be noted that most NGWOs are not private enterprises. It is not strictly true to say that NGWOs are neither responsible nor accountable to government. At times, funds are provided with strings attached and at times continue only to the extent that certain conditions are met. As Kramer writes (1982: 16) "one person's accountability is another's harrassment". Thus the sharp public/private dichotomy often found in the rhetoric, is considerably more fuzzy in reality. In an Australian study we found that among the largest agencies (budgets over \$2m.) the extent of government funding was as high as 84 per cent (Graycar and Silver, 1982: 23). In Kramer's four country study of NGWOs in the disability field, the largest agency in his American sample, with a budget of \$4.5m., received 100 per cent from government; in the U.K. his third largest agency, with a budget of \$9m., received 60 per cent from government; in the Netherlands he studied twenty organizations, eight of which recieved 100 per cent from government, including the largest, while a further three received over 90 per cent of their budget from government. In Israel only two of fifteen agencies studied received over 60 per cent from government and the two largest in the sample respectively

received 10 per cent and 25 per cent from government (Kramer, 1981). In Australia we have found that 40 per cent of NGWOs receive no money from government, yet almost one quarter receive 75 per cent or more of their budgets from government. Most small agencies received nothing or virtually nothing from government while almost half of the big ones - with budgets over \$1 million - received more than half from government.

### Voluntarism

In times of government cost-cutting, grants to agencies have not always kept pace with inflation or with escalations in need. As a result, non-government service providers are not always able to pay their staffs satisfactory wages. This has led to cutbacks in services or much unpaid work being done by staff for whom funds are not always available for a full week, and certainly not for overtime.

One response has been heavy use of volunteers. The contemporary Welfare State could not provide the range of services without the heavy use of unpaid labour. In both Britain and Australia approximately 15 per cent of the population aged 15 and over engages in voluntary work. Australia's 1.5 million voluntary workers provide an average of 4 hours per week. This translates crudely into 170,000 full time positions - equivalent to one-third of Australia's current number of unemployed. In dollar terms the wage bill would be close to \$2 billion dollars - larger than the cash flow of Australia's 37,000 NGWOs. There is a strong class element here. Traditional middle-class volunteer patterns are not evident in poorer areas, and services which rely on volunteers, such as Meals

on Wheels, are having a great deal of difficulty keeping going in poorer areas through lack of volunteers, but have sufficient volunteers in well-to-do areas.

Most volunteers are women. Further analysis of the areas in which volunteers work (Hardwick and Graycar, 1982) shows that female volunteers extend household roles and are active in tending issues, child care, etc., while male volunteers are involved in traditional male stereotypic areas of protection, justice, and those which extend leisure activities. Furthermore most female volunteers are not in the paid labour force, while most male volunteers are. This is a very important industrial point for the heavily female welfare industry is not always taken seriously in industrial determinations.

Cuts in public expenditure on personal social services have been justified by politicians on the ground that the services can count on large reserves of volunteers. As it has been strongly argued that volunteer work by women ebbs and flows with economic conditions - that is, as employment opportunities decrease, volunteering and use of volunteers increases (Baldock, 1983), heavy reliance on unpaid labour is an unstable basis upon which to plan the future of personal social services.

### CONCLUSIONS

Different needs are met by different support systems. The inter-relationship between statutory, voluntary and informal systems of care is not easily defined nor is it in any way fixed. It is open for negotiation and rearrangement. To assume that the

relationship can be redefined on the expectations of greater informal care, more unpaid labour, and less statutory provision, is quite unrealistic.

To assume that the so called "Welfare State crisis" can be resolved by exhortations to greater family support and increased family care is to take the soft option in difficult times. A community which has benefitted from the endeavours of its population cannot in conscience abandon those requiring social care and argue that their needs are not sufficiently legitimate for the allocation of public resources. To date, social welfare provision has not responded well to rapid socio-technical and demographic changes. The community cannot default on its obligations to its citizens.

Informal care patterns are most affected by changes in female domestic and labour roles, and this requires careful policy reconceptualization. Further, it is naive to assume that all people have a caring social network which they can call upon if necessary, or that most people are happy to intervene informally in the difficulties of others. Non-statutory service systems cannot in present circumstances assume a steady and adequate income to allow them to provide according to need. Accountability patterns have not been developed nor have skilled contract arrangements. Furthermore, it cannot be assumed that the backbone of the social services, volunteers, will always be available to provide satisfactorily.

In order to deal with dependencies that are likely to be transitory and/or chronic, a continuum of care exists, ranging from self, through primary groups, extended families, neighbourhoods

and formally organized services both non-statutory and statutory. While care can be offered and delivered under many auspices at many levels, only government is usually able to have a complete overview of needs, skills, resources; and only government is likely to have the authority to plan effectively. Government, through the statutory sector has the potential to establish "a comprehensive and integrated system of care in which organized professional services are related to the help available from the less organized sources found among personal and social networks" (Froland, 1980: 573). And it is here that the role of the professional is crucial.

While Pinker, in his Barclay Committee minority report, has argued that the finding of examples of misery and injustice in the course of regular work is not a justification for social work to switch its focus from personal to political objectives (1982: 241), it would be an abrogation of one's professional role if efforts were not directed to the improvement of the services delivered. Although Pinker points out that the demand for social workers' services is connected with the failures rather than the successes of social policy the role of social workers has developed in compensatory terms alongside inadequate social provision.

A crucial role can be played by social workers who ought to have specialized knowledge of patterns of informal provisions, and voluntary and statutory services. Not all needs it must be noted, can be met by social provision and no social welfare system can function satisfactorily without professional back-up.



Professional social workers, it must be remembered, are public servants, whether they operate in the statutory or non-statutory sector and their ability to withstand the many criticisms of the profession will be enhanced if they work from a stronger knowledge base. Social work operates in the most real of real world situations and knowledge of social processes and social linkages is vital. The future quality of social provision will be enhanced when social workers are skilfully able to translate these real-world individual cases and situations into social issues and issues of policy.

This comes from good social theory and thoughtful practice. If their knowledge and practice bases are sound, professional social workers will be best able to determine whether certain needs require supportive, supplementary, or substitutive services. By working in formal organizations, social workers must demonstrate integrative planning capacities, not only so that they can match resources to needs among their clientele, but also relate these to major resource allocation decisions.

There is enormous potential for social workers to develop effective and appropriate inter-relationships between the three care systems. The statutory sector has the resources and the overall planning capacity, and the non-statutory sector must co-operate in planning and delivery, for left to its own resources, it will be able to deliver only residual services. Professional social workers have a key role in developing and sustaining the working linkages between these two sectors.

There is no evidence to show that formal services weaken

informal provision, and hence weaken the social structure. As families will always want to provide for dependent relatives (even though their capacity may be limited) public policy should aim at bolstering and enhancing family care supports, but not on the basis of assuming that family care is always viable, and ignoring the onerous burdens of care experienced by many families. Again, professional social workers have an important role to play, through their organizations (both their employment and professional bodies) in identifying the links and providing the evidence and activity for public policy development.

## REFERENCES

- BALDOCK, C.V. (1983), 'Volunteer work as work : some theoretical considerations' in B. Cass and C.V. Baldock (eds.), Women, Social Policy and the State, (Sydney: George Allen and Unwin) - in press.
- BAYLEY, M. (1973), Mental Handicap and Community Care, (London: Routledge and Kegan Paul).
- CASS, B. (1982), Family Policies in Australia : Contest over the Social Wage, (Kensington, N.S.W. : Social Welfare Research Centre, R & P No.21).
- FINCH, J. and D. GROVES (1980), 'Community care and care in the family : a case for equal opportunities?' Journal of Social Policy, 9(4): 487-511.
- FISK, D. et.al. (1978), Private Provision of Public Services : An Overview, (Washington : The Urban Institute).
- FROLAND, C. (1980), 'Formal and informal care : discontinuities in a continuum', Social Service Review, 54(4): 572-587.
- GILBERT, N. (1981), "The Future of welfare capitalism", Society 18(6): 28-37.
- GRAYCAR, A. (1979), Welfare Politics in Australia : A Study in Policy Analysis (Melbourne : Macmillan).
- GRAYCAR, A. (1981), 'Ageing in Australia : a pointer to political dilemmas', The Australian Quarterly, 54(3): 280-300.
- GRAYCAR, A. and W. SILVER (1982), Funding of Non-Government Welfare : Agencies Serving Disabled People in Western Australia, (Kensington, N.S.W. : Social Welfare Research Centre, R & P No.17).
- HADLEY, R. and S. HATCH (1981), Social Welfare and the Failure of the State (London: George Allen and Unwin).
- HARDWICK, J. and A. GRAYCAR (1982), Volunteers in Non-Government Welfare Organizations in Australia, (Kensington, N.S.W. : Social Welfare Research Centre, Reports and Proceedings).
- HOWE, A.L. (1979), 'Family support of the aged : some evidence and interpretation', Australian Journal of Social Issues, 14(4): 259-273.
- HUNT, A. (1970), The Home Help Service in England and Wales, (London : O.P.C.S. and H.M.S.O.).
- JUDGE, K. (1980), The Privatization of Social Care (Mimeo, University of Kent : PSSRU Discussion Paper 161).
- JUDGE, K. (1982a), The Public Purchase of Social Care : British Confirmation of the American Experience, (Mimeo, University of Kent : PSSRU Discussion Paper 230).
- JUDGE, K. (1982b), Why Purchase? The Rationale for POSC in the English Social Services (Mimeo, University of Kent : PSSRU Discussion Paper 243).
- KAHN, A.J. (1973), Social Policy and Social Services, (New York : Random House).
- KAMERMAN, S.B., and A.J. KAHN (eds.) (1978), Family Policy : Government and Families in Fourteen Countries, (New York : Columbia University Press).

- KINNEAR, D. and A. GRAYCAR (1982), Family Care of Elderly People : Australian Perspectives, (Kensington, N.S.W. : Social Welfare Research Centre, R & P No.23).
- KRAMER, R. (1981), Voluntary Agencies in the Welfare State, (Berkeley : University of California Press).
- KRAMER, R. (1982), From Voluntarism to Vendorism : An Organizational Perspective on contracting (Mimeo: paper presented to National Conference on Social Welfare, Boston, Mass, April 28, 1982).
- LAND, H. (1978), "Who cares for the family", Journal of Social Policy, 7(3): 257-284.
- LAND, H. (1979), "The boundaries between the state and the family" in C. Harris (ed.) The Sociology of the Family : New Directions for Britain, (University of Keele : Sociological Review Monograph 28), 141-162.
- MORONEY, R.M. (1976), The Family and the State (London : Longman).
- MORRIS, R. (1978), Social Policy of the American Welfare State, (New York : Harper and Row).
- NISSEL, M. and L. BONNERJEA (1982), Family Care of the Handicapped Elderly, (London : Policy Studies Institute).
- PARKER, R. (1981), "Tending and social policy" in E.M. Goldberg and S. Hatch (eds.), A New Look at the Personal Social Services, (London : Policy Studies Institute, Discussion Paper 4), 17-32.
- PINKER, R. (1982), "An alternative view" in Social Workers : Their Role and Tasks (Barclay Report), (London : Bedford Square Press), 236-262.
- SCHORR, A. (1980), '...Thy Father and Thy Mother...A Second Look at Filial Responsibility and Family Policy' (Washington : U.S. Dept. of Health and Human Services SSA Publication No. 13-11953).
- SHANAS, E. (1979), 'The Family as a social support system in old age', Gerontologist, 19(2): 169-174.
- TOWNSEND, P. The Family Life of Old People, (Harmondsworth : Penguin).
- WEDEL, K.R. (1976), "Government contracting for purchase of service", Social Work 21(2): 101-5.